

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MCGRAW HILL BOOK CO., COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Sower  
 or  
 Inc. Town of.....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**23732**

Registration District No. 3802 Registered No. 21731  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel King If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 12 19 22  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Moses King  
 (9) PRESENT POSTOFFICE OF FATHER Sylvan St  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 49 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 12

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Jane Lister  
 (15) PRESENT POSTOFFICE OF MOTHER Sylvan St  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 45 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hopkins St  
 Given name added from a supplemental report  
 (26) Witness Moses King  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed July 23 19 22 (28) Mrs. M. J. Johnson Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.